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LEGISLATIVE ACTION

Senate	.	House
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Floor: 1/AE/2R	.	Floor: SENAT/C
03/09/2016 07:24 PM	.	03/10/2016 05:16 PM
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Senator Grimsley moved the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Section 394.453, Florida Statutes, is amended to  
read:

394.453 Legislative intent.—It is the intent of the  
Legislature to authorize and direct the Department of Children  
and Families to evaluate, research, plan, and recommend to the  
Governor and the Legislature programs designed to reduce the  
occurrence, severity, duration, and disabling aspects of mental,



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12 emotional, and behavioral disorders. It is the intent of the  
13 Legislature that treatment programs for such disorders shall  
14 include, but not be limited to, comprehensive health, social,  
15 educational, and rehabilitative services to persons requiring  
16 intensive short-term and continued treatment in order to  
17 encourage them to assume responsibility for their treatment and  
18 recovery. It is intended that such persons be provided with  
19 emergency service and temporary detention for evaluation when  
20 required; that they be admitted to treatment facilities on a  
21 voluntary basis when extended or continuing care is needed and  
22 unavailable in the community; that involuntary placement be  
23 provided only when expert evaluation determines that it is  
24 necessary; that any involuntary treatment or examination be  
25 accomplished in a setting which is clinically appropriate and  
26 most likely to facilitate the person's return to the community  
27 as soon as possible; and that individual dignity and human  
28 rights be guaranteed to all persons who are admitted to mental  
29 health facilities or who are being held under s. 394.463. It is  
30 the further intent of the Legislature that the least restrictive  
31 means of intervention be employed based on the individual needs  
32 of each person, within the scope of available services. It is  
33 the policy of this state that the use of restraint and seclusion  
34 on clients is justified only as an emergency safety measure to  
35 be used in response to imminent danger to the client or others.  
36 It is, therefore, the intent of the Legislature to achieve an  
37 ongoing reduction in the use of restraint and seclusion in  
38 programs and facilities serving persons with mental illness. The  
39 Legislature further finds the need for additional psychiatrists  
40 to be of critical state concern and recommends the establishment



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41 of an additional psychiatry program to be offered by one of  
42 Florida's schools of medicine currently not offering psychiatry.  
43 The program shall seek to integrate primary care and psychiatry  
44 and other evolving models of care for persons with mental health  
45 and substance use disorders. Additionally, the Legislature finds  
46 that the use of telemedicine for patient evaluation, case  
47 management, and ongoing care will improve management of patient  
48 care and reduce costs of transportation.

49 Section 2. Subsection (2) of section 394.467, Florida  
50 Statutes, is amended to read:

51 394.467 Involuntary inpatient placement.—

52 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be  
53 retained by a receiving facility or involuntarily placed in a  
54 treatment facility upon the recommendation of the administrator  
55 of the receiving facility where the patient has been examined  
56 and after adherence to the notice and hearing procedures  
57 provided in s. 394.4599. The recommendation must be supported by  
58 the opinion of a psychiatrist and the second opinion of a  
59 clinical psychologist or another psychiatrist, both of whom have  
60 personally examined the patient within the preceding 72 hours,  
61 that the criteria for involuntary inpatient placement are met.  
62 ~~However, in a county that has a population of fewer than 50,000,~~  
63 if the administrator certifies that a psychiatrist or clinical  
64 psychologist is not available to provide the second opinion, the  
65 second opinion may be provided by a licensed physician who has  
66 postgraduate training and experience in diagnosis and treatment  
67 of mental and nervous disorders or by a psychiatric nurse. Any  
68 ~~second~~ opinion authorized in this subsection may be conducted  
69 through a face-to-face examination, in person or by electronic



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70 means. Such recommendation shall be entered on an involuntary  
71 inpatient placement certificate that authorizes the receiving  
72 facility to retain the patient pending transfer to a treatment  
73 facility or completion of a hearing.

74 Section 3. Paragraphs (e) and (f) of subsection (1) and  
75 paragraph (b) of subsection (4) of section 397.451, Florida  
76 Statutes, are amended to read:

77 397.451 Background checks of service provider personnel.—

78 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND  
79 EXCEPTIONS.—

80 (e) Personnel employed directly or under contract with the  
81 Department of Corrections in an inmate substance abuse program  
82 ~~who have direct contact with unmarried inmates under the age of~~  
83 ~~18 or with inmates who are developmentally disabled~~ are exempt  
84 from the fingerprinting and background check requirements of  
85 this section unless they have direct contact with unmarried  
86 inmates under the age of 18 or with inmates who are  
87 developmentally disabled.

88 (f) Service provider personnel who request an exemption  
89 from disqualification must submit the request within 30 days  
90 after being notified of the disqualification. If 5 years or more  
91 have elapsed since the most recent disqualifying offense,  
92 service provider personnel may work with adults with substance  
93 use disorders under the supervision of a qualified professional  
94 licensed under chapter 490 or chapter 491 or a master's level  
95 certified addiction professional until the agency makes a final  
96 determination regarding the request for an exemption from  
97 disqualification ~~Upon notification of the disqualification, the~~  
98 ~~service provider shall comply with requirements regarding~~



99 ~~exclusion from employment in s. 435.06.~~

100 (4) EXEMPTIONS FROM DISQUALIFICATION.—

101 (b) Since rehabilitated substance abuse impaired persons  
102 are effective in the successful treatment and rehabilitation of  
103 individuals with substance use disorders ~~substance abuse~~  
104 ~~impaired adolescents~~, for service providers which treat  
105 adolescents 13 years of age and older, service provider  
106 personnel whose background checks indicate crimes under s.  
107 817.563, s. 893.13, or s. 893.147 may be exempted from  
108 disqualification from employment pursuant to this paragraph.

109 Section 4. Paragraph (g) is added to subsection (1) of  
110 section 456.44, Florida Statutes, and subsections (2) and (3) of  
111 that section are amended, to read:

112 456.44 Controlled substance prescribing.—

113 (1) DEFINITIONS.—As used in this section, the term:

114 (g) "Registrant" means a physician who meets the  
115 requirements of subsection (2).

116 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician  
117 licensed under chapter 458, chapter 459, chapter 461, or chapter  
118 466 who prescribes any controlled substance, listed in Schedule  
119 II, Schedule III, or Schedule IV as defined in s. 893.03, for  
120 the treatment of chronic nonmalignant pain, must:

121 (a) Designate himself or herself as a controlled substance  
122 prescribing practitioner on his or her ~~the physician's~~  
123 practitioner profile.

124 (b) Comply with the requirements of this section and  
125 applicable board rules.

126 (3) STANDARDS OF PRACTICE.—The standards of practice in  
127 this section do not supersede the level of care, skill, and



128 treatment recognized in general law related to health care  
129 licensure.

130 (a) A complete medical history and a physical examination  
131 must be conducted before beginning any treatment and must be  
132 documented in the medical record. The exact components of the  
133 physical examination shall be left to the judgment of the  
134 registrant ~~clinician~~ who is expected to perform a physical  
135 examination proportionate to the diagnosis that justifies a  
136 treatment. The medical record must, at a minimum, document the  
137 nature and intensity of the pain, current and past treatments  
138 for pain, underlying or coexisting diseases or conditions, the  
139 effect of the pain on physical and psychological function, a  
140 review of previous medical records, previous diagnostic studies,  
141 and history of alcohol and substance abuse. The medical record  
142 shall also document the presence of one or more recognized  
143 medical indications for the use of a controlled substance. Each  
144 registrant must develop a written plan for assessing each  
145 patient's risk of aberrant drug-related behavior, which may  
146 include patient drug testing. Registrants must assess each  
147 patient's risk for aberrant drug-related behavior and monitor  
148 that risk on an ongoing basis in accordance with the plan.

149 (b) Each registrant must develop a written individualized  
150 treatment plan for each patient. The treatment plan shall state  
151 objectives that will be used to determine treatment success,  
152 such as pain relief and improved physical and psychosocial  
153 function, and shall indicate if any further diagnostic  
154 evaluations or other treatments are planned. After treatment  
155 begins, the registrant ~~physician~~ shall adjust drug therapy to  
156 the individual medical needs of each patient. Other treatment



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157 modalities, including a rehabilitation program, shall be  
158 considered depending on the etiology of the pain and the extent  
159 to which the pain is associated with physical and psychosocial  
160 impairment. The interdisciplinary nature of the treatment plan  
161 shall be documented.

162 (c) The registrant ~~physician~~ shall discuss the risks and  
163 benefits of the use of controlled substances, including the  
164 risks of abuse and addiction, as well as physical dependence and  
165 its consequences, with the patient, persons designated by the  
166 patient, or the patient's surrogate or guardian if the patient  
167 is incompetent. The registrant ~~physician~~ shall use a written  
168 controlled substance agreement between the registrant ~~physician~~  
169 and the patient outlining the patient's responsibilities,  
170 including, but not limited to:

171 1. Number and frequency of controlled substance  
172 prescriptions and refills.

173 2. Patient compliance and reasons for which drug therapy  
174 may be discontinued, such as a violation of the agreement.

175 3. An agreement that controlled substances for the  
176 treatment of chronic nonmalignant pain shall be prescribed by a  
177 single treating registrant ~~physician~~ unless otherwise authorized  
178 by the treating registrant ~~physician~~ and documented in the  
179 medical record.

180 (d) The patient shall be seen by the registrant ~~physician~~  
181 at regular intervals, not to exceed 3 months, to assess the  
182 efficacy of treatment, ensure that controlled substance therapy  
183 remains indicated, evaluate the patient's progress toward  
184 treatment objectives, consider adverse drug effects, and review  
185 the etiology of the pain. Continuation or modification of



186 therapy shall depend on the registrant's ~~physician's~~ evaluation  
187 of the patient's progress. If treatment goals are not being  
188 achieved, despite medication adjustments, the registrant  
189 ~~physician~~ shall reevaluate the appropriateness of continued  
190 treatment. The registrant ~~physician~~ shall monitor patient  
191 compliance in medication usage, related treatment plans,  
192 controlled substance agreements, and indications of substance  
193 abuse or diversion at a minimum of 3-month intervals.

194 (e) The registrant ~~physician~~ shall refer the patient as  
195 necessary for additional evaluation and treatment in order to  
196 achieve treatment objectives. Special attention shall be given  
197 to those patients who are at risk for misusing their medications  
198 and those whose living arrangements pose a risk for medication  
199 misuse or diversion. The management of pain in patients with a  
200 history of substance abuse or with a comorbid psychiatric  
201 disorder requires extra care, monitoring, and documentation and  
202 requires consultation with or referral to an addiction medicine  
203 specialist or a psychiatrist.

204 (f) A registrant ~~physician registered under this section~~  
205 must maintain accurate, current, and complete records that are  
206 accessible and readily available for review and comply with the  
207 requirements of this section, the applicable practice act, and  
208 applicable board rules. The medical records must include, but  
209 are not limited to:

- 210 1. The complete medical history and a physical examination,  
211 including history of drug abuse or dependence.
- 212 2. Diagnostic, therapeutic, and laboratory results.
- 213 3. Evaluations and consultations.
- 214 4. Treatment objectives.





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- 215           5. Discussion of risks and benefits.  
216           6. Treatments.  
217           7. Medications, including date, type, dosage, and quantity  
218 prescribed.  
219           8. Instructions and agreements.  
220           9. Periodic reviews.  
221           10. Results of any drug testing.  
222           11. A photocopy of the patient's government-issued photo  
223 identification.  
224           12. If a written prescription for a controlled substance is  
225 given to the patient, a duplicate of the prescription.  
226           13. The registrant's ~~physician's~~ full name presented in a  
227 legible manner.
- 228           (g) A registrant shall immediately refer patients with  
229 signs or symptoms of substance abuse ~~shall be immediately~~  
230 ~~referred~~ to a board-certified pain management physician, an  
231 addiction medicine specialist, or a mental health addiction  
232 facility as it pertains to drug abuse or addiction unless the  
233 registrant is a physician who is board-certified or board-  
234 eligible in pain management. Throughout the period of time  
235 before receiving the consultant's report, a prescribing  
236 registrant ~~physician~~ shall clearly and completely document  
237 medical justification for continued treatment with controlled  
238 substances and those steps taken to ensure medically appropriate  
239 use of controlled substances by the patient. Upon receipt of the  
240 consultant's written report, the prescribing registrant  
241 ~~physician~~ shall incorporate the consultant's recommendations for  
242 continuing, modifying, or discontinuing controlled substance  
243 therapy. The resulting changes in treatment shall be



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244 specifically documented in the patient's medical record.  
245 Evidence or behavioral indications of diversion shall be  
246 followed by discontinuation of controlled substance therapy, and  
247 the patient shall be discharged, and all results of testing and  
248 actions taken by the registrant ~~physician~~ shall be documented in  
249 the patient's medical record.

250  
251 This subsection does not apply to a board-eligible or board-  
252 certified anesthesiologist, physiatrist, rheumatologist, or  
253 neurologist, or to a board-certified physician who has surgical  
254 privileges at a hospital or ambulatory surgery center and  
255 primarily provides surgical services. This subsection does not  
256 apply to a board-eligible or board-certified medical specialist  
257 who has also completed a fellowship in pain medicine approved by  
258 the Accreditation Council for Graduate Medical Education or the  
259 American Osteopathic Association, or who is board eligible or  
260 board certified in pain medicine by the American Board of Pain  
261 Medicine, the American Board of Interventional Pain Physicians,  
262 the American Association of Physician Specialists, or a board  
263 approved by the American Board of Medical Specialties or the  
264 American Osteopathic Association and performs interventional  
265 pain procedures of the type routinely billed using surgical  
266 codes. This subsection does not apply to a registrant ~~physician~~  
267 who prescribes medically necessary controlled substances for a  
268 patient during an inpatient stay in a hospital licensed under  
269 chapter 395.

270 Section 5. Paragraph (b) of subsection (2) of section  
271 458.3265, Florida Statutes, is amended to read:

272 458.3265 Pain-management clinics.—



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273 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
274 apply to any physician who provides professional services in a  
275 pain-management clinic that is required to be registered in  
276 subsection (1).

277 (b) ~~Only a person may not dispense any medication on the~~  
278 ~~premises of a registered pain-management clinic unless he or she~~  
279 ~~is~~ a physician licensed under this chapter or chapter 459 may  
280 dispense medication or prescribe a controlled substance  
281 regulated under chapter 893 on the premises of a registered  
282 pain-management clinic.

283 Section 6. Paragraph (b) of subsection (2) of section  
284 459.0137, Florida Statutes, is amended to read:

285 459.0137 Pain-management clinics.—

286 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
287 apply to any osteopathic physician who provides professional  
288 services in a pain-management clinic that is required to be  
289 registered in subsection (1).

290 (b) ~~Only a person may not dispense any medication on the~~  
291 ~~premises of a registered pain-management clinic unless he or she~~  
292 ~~is~~ a physician licensed under this chapter or chapter 458 may  
293 dispense medication or prescribe a controlled substance  
294 regulated under chapter 893 on the premises of a registered  
295 pain-management clinic.

296 Section 7. Section 464.012, Florida Statutes, is amended to  
297 read:

298 464.012 Certification of advanced registered nurse  
299 practitioners; fees.—

300 (1) Any nurse desiring to be certified as an advanced  
301 registered nurse practitioner shall apply to the department and



302 submit proof that he or she holds a current license to practice  
303 professional nursing and that he or she meets one or more of the  
304 following requirements as determined by the board:

305 (a) Satisfactory completion of a formal postbasic  
306 educational program of at least one academic year, the primary  
307 purpose of which is to prepare nurses for advanced or  
308 specialized practice.

309 (b) Certification by an appropriate specialty board. Such  
310 certification shall be required for initial state certification  
311 and any recertification as a registered nurse anesthetist,  
312 psychiatric nurse, or nurse midwife. The board may by rule  
313 provide for provisional state certification of graduate nurse  
314 anesthetists, psychiatric nurses, and nurse midwives for a  
315 period of time determined to be appropriate for preparing for  
316 and passing the national certification examination.

317 (c) Graduation from a program leading to a master's degree  
318 in a nursing clinical specialty area with preparation in  
319 specialized practitioner skills. For applicants graduating on or  
320 after October 1, 1998, graduation from a master's degree program  
321 shall be required for initial certification as a nurse  
322 practitioner under paragraph (4) (c). For applicants graduating  
323 on or after October 1, 2001, graduation from a master's degree  
324 program shall be required for initial certification as a  
325 registered nurse anesthetist under paragraph (4) (a).

326 (2) The board shall provide by rule the appropriate  
327 requirements for advanced registered nurse practitioners in the  
328 categories of certified registered nurse anesthetist, certified  
329 nurse midwife, and nurse practitioner.

330 (3) An advanced registered nurse practitioner shall perform



331 those functions authorized in this section within the framework  
332 of an established protocol that is filed with the board upon  
333 biennial license renewal and within 30 days after entering into  
334 a supervisory relationship with a physician or changes to the  
335 protocol. The board shall review the protocol to ensure  
336 compliance with applicable regulatory standards for protocols.  
337 The board shall refer to the department licensees submitting  
338 protocols that are not compliant with the regulatory standards  
339 for protocols. A practitioner currently licensed under chapter  
340 458, chapter 459, or chapter 466 shall maintain supervision for  
341 directing the specific course of medical treatment. Within the  
342 established framework, an advanced registered nurse practitioner  
343 may:

- 344 (a) Monitor and alter drug therapies.
  - 345 (b) Initiate appropriate therapies for certain conditions.
  - 346 (c) Perform additional functions as may be determined by  
347 rule in accordance with s. 464.003(2).
  - 348 (d) Order diagnostic tests and physical and occupational  
349 therapy.
- 350 (4) In addition to the general functions specified in  
351 subsection (3), an advanced registered nurse practitioner may  
352 perform the following acts within his or her specialty:
- 353 (a) The certified registered nurse anesthetist may, to the  
354 extent authorized by established protocol approved by the  
355 medical staff of the facility in which the anesthetic service is  
356 performed, perform any or all of the following:
    - 357 1. Determine the health status of the patient as it relates  
358 to the risk factors and to the anesthetic management of the  
359 patient through the performance of the general functions.



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360           2. Based on history, physical assessment, and supplemental  
361 laboratory results, determine, with the consent of the  
362 responsible physician, the appropriate type of anesthesia within  
363 the framework of the protocol.

364           3. Order under the protocol preanesthetic medication.

365           4. Perform under the protocol procedures commonly used to  
366 render the patient insensible to pain during the performance of  
367 surgical, obstetrical, therapeutic, or diagnostic clinical  
368 procedures. These procedures include ordering and administering  
369 regional, spinal, and general anesthesia; inhalation agents and  
370 techniques; intravenous agents and techniques; and techniques of  
371 hypnosis.

372           5. Order or perform monitoring procedures indicated as  
373 pertinent to the anesthetic health care management of the  
374 patient.

375           6. Support life functions during anesthesia health care,  
376 including induction and intubation procedures, the use of  
377 appropriate mechanical supportive devices, and the management of  
378 fluid, electrolyte, and blood component balances.

379           7. Recognize and take appropriate corrective action for  
380 abnormal patient responses to anesthesia, adjunctive medication,  
381 or other forms of therapy.

382           8. Recognize and treat a cardiac arrhythmia while the  
383 patient is under anesthetic care.

384           9. Participate in management of the patient while in the  
385 postanesthesia recovery area, including ordering the  
386 administration of fluids and drugs.

387           10. Place special peripheral and central venous and  
388 arterial lines for blood sampling and monitoring as appropriate.



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389 (b) The certified nurse midwife may, to the extent  
390 authorized by an established protocol which has been approved by  
391 the medical staff of the health care facility in which the  
392 midwifery services are performed, or approved by the nurse  
393 midwife's physician backup when the delivery is performed in a  
394 patient's home, perform any or all of the following:

- 395 1. Perform superficial minor surgical procedures.
- 396 2. Manage the patient during labor and delivery to include  
397 amniotomy, episiotomy, and repair.
- 398 3. Order, initiate, and perform appropriate anesthetic  
399 procedures.
- 400 4. Perform postpartum examination.
- 401 5. Order appropriate medications.
- 402 6. Provide family-planning services and well-woman care.
- 403 7. Manage the medical care of the normal obstetrical  
404 patient and the initial care of a newborn patient.

405 (c) The nurse practitioner may perform any or all of the  
406 following acts within the framework of established protocol:

- 407 1. Manage selected medical problems.
- 408 2. Order physical and occupational therapy.
- 409 3. Initiate, monitor, or alter therapies for certain  
410 uncomplicated acute illnesses.
- 411 4. Monitor and manage patients with stable chronic  
412 diseases.
- 413 5. Establish behavioral problems and diagnosis and make  
414 treatment recommendations.

415 (5) A psychiatric nurse, as defined in s. 394.455, within  
416 the framework of an established protocol with a psychiatrist,  
417 may prescribe psychotropic controlled substances for the



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418 treatment of mental disorders.

419       (6) The board shall certify, and the department shall issue  
420 a certificate to, any nurse meeting the qualifications in this  
421 section. The board shall establish an application fee not to  
422 exceed \$100 and a biennial renewal fee not to exceed \$50. The  
423 board is authorized to adopt such other rules as are necessary  
424 to implement the provisions of this section.

425       Section 8. Paragraph (p) is added to subsection (1) of  
426 section 464.018, Florida Statutes, and subsection (2) of that  
427 section is republished, to read:

428       464.018 Disciplinary actions.—

429       (1) The following acts constitute grounds for denial of a  
430 license or disciplinary action, as specified in s. 456.072(2):

431       (p) For a psychiatric nurse:

432       1. Presigning blank prescription forms.

433       2. Prescribing for office use any medicinal drug appearing  
434 in Schedule II of s. 893.03.

435       3. Prescribing, ordering, dispensing, administering,  
436 supplying, selling, or giving a drug that is an amphetamine, a  
437 sympathomimetic amine drug, or a compound designated in s.  
438 893.03(2) as a Schedule II controlled substance, to or for any  
439 person except for:

440       a. The treatment of narcolepsy; hyperkinesis; behavioral  
441 syndrome in children characterized by the developmentally  
442 inappropriate symptoms of moderate to severe distractibility,  
443 short attention span, hyperactivity, emotional lability, and  
444 impulsivity; or drug-induced brain dysfunction.

445       b. The differential diagnostic psychiatric evaluation of  
446 depression or the treatment of depression shown to be refractory





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447 to other therapeutic modalities.

448 c. The clinical investigation of the effects of such drugs  
449 or compounds when an investigative protocol is submitted to,  
450 reviewed by, and approved by the department before such  
451 investigation is begun.

452 4. Prescribing, ordering, dispensing, administering,  
453 supplying, selling, or giving growth hormones, testosterone or  
454 its analogs, human chorionic gonadotropin (HCG), or other  
455 hormones for the purpose of muscle building or to enhance  
456 athletic performance. As used in this subparagraph, the term  
457 "muscle building" does not include the treatment of injured  
458 muscle. A prescription written for the drug products identified  
459 in this subparagraph may be dispensed by a pharmacist with the  
460 presumption that the prescription is for legitimate medical use.

461 5. Promoting or advertising on any prescription form a  
462 community pharmacy unless the form also states: "This  
463 prescription may be filled at any pharmacy of your choice."

464 6. Prescribing, dispensing, administering, mixing, or  
465 otherwise preparing a legend drug, including a controlled  
466 substance, other than in the course of his or her professional  
467 practice. For the purposes of this subparagraph, it is legally  
468 presumed that prescribing, dispensing, administering, mixing, or  
469 otherwise preparing legend drugs, including all controlled  
470 substances, inappropriately or in excessive or inappropriate  
471 quantities is not in the best interest of the patient and is not  
472 in the course of the advanced registered nurse practitioner's  
473 professional practice, without regard to his or her intent.

474 7. Prescribing, dispensing, or administering a medicinal  
475 drug appearing on any schedule set forth in chapter 893 to



476 himself or herself, except a drug prescribed, dispensed, or  
477 administered to the psychiatric nurse by another practitioner  
478 authorized to prescribe, dispense, or administer medicinal  
479 drugs.

480 8. Prescribing, ordering, dispensing, administering,  
481 supplying, selling, or giving amygdalin (laetrile) to any  
482 person.

483 9. Dispensing a substance designated in s. 893.03(2) or (3)  
484 as a substance controlled in Schedule II or Schedule III,  
485 respectively, in violation of s. 465.0276.

486 10. Promoting or advertising through any communication  
487 medium the use, sale, or dispensing of a substance designated in  
488 s. 893.03 as a controlled substance.

489 (2) The board may enter an order denying licensure or  
490 imposing any of the penalties in s. 456.072(2) against any  
491 applicant for licensure or licensee who is found guilty of  
492 violating any provision of subsection (1) of this section or who  
493 is found guilty of violating any provision of s. 456.072(1).

494 Section 9. Subsection (21) of section 893.02, Florida  
495 Statutes, is amended to read:

496 893.02 Definitions.—The following words and phrases as used  
497 in this chapter shall have the following meanings, unless the  
498 context otherwise requires:

499 (21) "Practitioner" means a physician licensed pursuant to  
500 chapter 458, a dentist licensed pursuant to chapter 466, a  
501 veterinarian licensed pursuant to chapter 474, an osteopathic  
502 physician licensed pursuant to chapter 459, a naturopath  
503 licensed pursuant to chapter 462, a certified optometrist  
504 licensed pursuant to chapter 463, a psychiatric nurse as defined



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505 in s. 394.455, or a podiatric physician licensed pursuant to  
506 chapter 461, provided such practitioner holds a valid federal  
507 controlled substance registry number.

508 Section 10. This act shall take effect upon becoming a law.

509 ===== T I T L E A M E N D M E N T =====

510 And the title is amended as follows:

511 Delete everything before the enacting clause  
512 and insert:

513 A bill to be entitled

514 An act relating to behavioral health workforce;  
515 amending s. 394.453, F.S.; revising legislative  
516 intent; amending s. 394.467, F.S.; authorizing a  
517 second opinion for admission to a treatment facility  
518 to be provided by certain licensed physicians in all  
519 counties, rather than counties with a specified  
520 population size; revising procedures for recommending  
521 admission of a patient to a treatment facility;  
522 amending s. 397.451, F.S.; revising provisions  
523 relating to personnel background checks and exemptions  
524 from disqualification for certain service provider  
525 personnel; amending s. 456.44, F.S.; defining the term  
526 "registrant"; requiring psychiatric nurses to make  
527 certain designations and comply with certain  
528 requirements under specified circumstances; amending  
529 s. 458.3265, F.S.; restricting to physicians the  
530 authorization to dispense certain medications or  
531 prescribe certain controlled substances on the  
532 premises of a registered pain-management clinic;  
533 amending s. 459.0137, F.S.; restricting to osteopathic



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534 physicians the authorization to dispense certain  
535 medications or prescribe certain controlled substances  
536 on the premises of a registered pain-management  
537 clinic; amending s. 464.012, F.S.; providing  
538 certification criteria for psychiatric nurses;  
539 authorizing psychiatric nurses to prescribe certain  
540 psychotropic controlled substances under certain  
541 circumstances; amending s. 464.018, F.S.; providing  
542 that certain acts by a psychiatric nurse constitute  
543 grounds for denial of a license or disciplinary  
544 action; amending s. 893.02, F.S.; revising the  
545 definition of the term "practitioner"; providing an  
546 effective date.